

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation
Against:

STEPHEN LIEB, M.D.

Physician's and Surgeon's
Certificate No. AFE 31504

Respondent.

File No. 17-2004-163060

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted as the Decision and Order by the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 16, 2010.

DATED January 14, 2010

MEDICAL BOARD OF CALIFORNIA



Hedy Chang
Chair, Panel B

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 PAUL C. AMENT
Supervising Deputy Attorney General
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7 Attorneys for Complainant

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 STEPHEN LIEB, M.D.
13 1304 15th Street #310
Santa Monica, CA 90404

14 Physician and Surgeon's Certificate No. AFE
15 31504

16 Respondent.

Case No. 17-2004-163060

OAH No. 2008010095

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
19 above-entitled proceedings that the following matters are true:

20 PARTIES

21 1. Barbara Johnston (Complainant) is the Executive Director of the Medical
22 Board of California. She brought this action solely in her official capacity and is represented in
23 this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Wendy
24 Widlus, Deputy Attorney General.

25 2. Respondent Stephen Lieb, M.D. (Respondent) is represented in this
26 proceeding by attorney Peter R. Osinoff, Esq., whose address is 3699 Wilshire Boulevard, 10th
27 Floor, Los Angeles, CA 90010-2719.

28 3. On or about September 1, 1977, the Medical Board of California issued Physician and

1 Surgeon's Certificate No. AFE 31504 to Stephen Lieb, M.D. (Respondent). The Physician's and
2 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in
3 Accusation No. 17-2004-163060 and will expire on June 30, 2009, unless renewed.

4 JURISDICTION

5 4. Accusation No. 17-2004-163060 was filed before the Medical Board of
6 California (Board) , Department of Consumer Affairs, and is currently pending against
7 Respondent. The Accusation and all other statutorily required documents were properly served
8 on Respondent on January 1, 2007. Respondent timely filed his Notice of Defense contesting the
9 Accusation. A copy of Accusation No. 17-2004-163060 is attached as exhibit A and
10 incorporated herein by reference.

11 ADVISEMENT AND WAIVERS

12 5. Respondent has carefully read, fully discussed with counsel, and
13 understands the charges and allegations in Accusation No. 17-2004-163060. Respondent has
14 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated
15 Settlement and Disciplinary Order.

16 6. Respondent is fully aware of his legal rights in this matter, including the
17 right to a hearing on the charges and allegations in the Accusation; the right to be represented by
18 counsel at his own expense; the right to confront and cross-examine the witnesses against him;
19 the right to present evidence and to testify on his own behalf; the right to the issuance of
20 subpoenas to compel the attendance of witnesses and the production of documents; the right to
21 reconsideration and court review of an adverse decision; and all other rights accorded by the
22 California Administrative Procedure Act and other applicable laws.

23 7. Respondent voluntarily, knowingly, and intelligently waives and gives up
24 each and every right set forth above.

25 CULPABILITY

26 8. Respondent understands and agrees that the charges and allegations in
27 Accusation No.17-2004-163060, if proven at a hearing, constitute cause for imposing discipline
28 upon his Physician and Surgeon's Certificate.

1 9. Respondent admits the truth of each and every allegation in the Fourth
2 Cause for Discipline (Failure to Maintain Adequate/Accurate Records) in Accusation No.
3 17-2004-163060 and further agrees that, at a hearing, Complainant could present a prima facie
4 case as to the First Cause for Discipline (Repeated Negligent Acts) in Accusation No. 17-2004-
5 163060.

6 10. Respondent agrees that his Physician and Surgeon's Certificate is subject
7 to discipline and he agrees to be bound by the Board 's imposition of discipline as set forth in the
8 Disciplinary Order below.

9 CIRCUMSTANCES IN MITIGATION

10 11. Respondent Stephen Lieb, M.D. is a retired physician with a lengthy
11 medical career, and he has never been the subject of any other disciplinary action. Respondent is
12 admitting responsibility at an early stage in the proceedings.

13 CONTINGENCY

14 12. This stipulation shall be subject to approval by the Medical Board of
15 California. Respondent understands and agrees that counsel for Complainant and the staff of the
16 Medical Board of California may communicate directly with the Board regarding this stipulation
17 and settlement, without notice to or participation by Respondent or his counsel. By signing the
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
22 action between the parties, and the Board shall not be disqualified from further action by having
23 considered this matter.

24 13. The parties understand and agree that facsimile copies of this Stipulated
25 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
26 force and effect as the originals.

27 14. In consideration of the foregoing admissions and stipulations, the parties
28 agree that the Board may, without further notice or formal proceeding, issue and enter the

1 following Disciplinary Order:

2 **DISCIPLINARY ORDER**

3 IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. AFE
4 31504 issued to Respondent Stephen Lieb, M.D. (Respondent) is revoked. However, the
5 revocation is stayed and Respondent is placed on probation for two (2) years on the following
6 terms and conditions.

7 1. **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of
8 the effective date of this decision, respondent shall enroll in a course in medical record keeping,
9 at respondent's expense, approved in advance by the Board or its designee. Failure to
10 successfully complete the course during the first 6 months of probation is a violation of
11 probation.

12 A medical record keeping course taken after the acts that gave rise to the charges
13 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
14 Board or its designee, be accepted towards the fulfillment of this condition if the course would
15 have been approved by the Board or its designee had the course been taken after the effective
16 date of this Decision.

17 Respondent shall submit a certification of successful completion to the Board or
18 its designee not later than 15 calendar days after successfully completing the course, or not later
19 than 15 calendar days after the effective date of the Decision, whichever is later.

20 2. **CLINICAL TRAINING PROGRAM** Within 60 calendar days of the
21 effective date of this Decision, respondent shall enroll in a clinical training or educational
22 program equivalent to the Physician Assessment and Clinical Education Program (PACE)
23 offered at the University of California - San Diego School of Medicine ("Program").

24 The Program shall consist of a Comprehensive Assessment program comprised of
25 a two-day assessment of respondent's physical and mental health; basic clinical and
26 communication skills common to all clinicians; and medical knowledge, skill and judgment
27 pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of
28 clinical education in the area of practice in which respondent was alleged to be deficient and

1 which takes into account data obtained from the assessment, Decision, Accusation, and any other
2 information that the Board or its designee deems relevant. Respondent shall pay all expenses
3 associated with the clinical training program.

4 Based on respondent's performance and test results in the assessment and clinical
5 education, the Program will advise the Board or its designee of its recommendation(s) for the
6 scope and length of any additional educational or clinical training, treatment for any medical
7 condition, treatment for any psychological condition, or anything else affecting respondent's
8 practice of medicine. Respondent shall comply with Program recommendations.

9 At the completion of any additional educational or clinical training, respondent
10 shall submit to and pass an examination. The Program's determination whether or not
11 respondent passed the examination or successfully completed the Program shall be binding.

12 Respondent shall complete the Program not later than six months after
13 respondent's initial enrollment unless the Board or its designee agrees in writing to a later time
14 for completion.

15 Failure to participate in and complete successfully all phases of the clinical
16 training program outlined above is a violation of probation.

17 3. NOTIFICATION Prior to engaging in the practice of medicine, the
18 respondent shall provide a true copy of the Decision and Accusation to the Chief of Staff or the
19 Chief Executive Officer at every hospital where privileges or membership are extended to
20 respondent, at any other facility where respondent engages in the practice of medicine, including
21 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
22 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
23 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar
24 days.

25 This condition shall apply to any change(s) in hospitals, other facilities or
26 insurance carrier.

27 4. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
28 respondent is prohibited from supervising physician assistants.

1 5. OBEY ALL LAWS Respondent shall obey all federal, state and local
2 laws, all rules governing the practice of medicine in California, and remain in full compliance
3 with any court ordered criminal probation, payments and other orders.

4 6. QUARTERLY DECLARATIONS Respondent shall submit quarterly
5 declarations under penalty of perjury on forms provided by the Board, stating whether there has
6 been compliance with all the conditions of probation. Respondent shall submit quarterly
7 declarations not later than 10 calendar days after the end of the preceding quarter.

8 7. PROBATION UNIT COMPLIANCE Respondent shall comply with the
9 Board's probation unit. Respondent shall, at all times, keep the Board informed of respondent's
10 business and residence addresses. Changes of such addresses shall be immediately
11 communicated in writing to the Board or its designee. Under no circumstances shall a post office
12 box serve as an address of record, except as allowed by Business and Professions Code section
13 2021(b).

14 Respondent shall not engage in the practice of medicine in respondent's place of
15 residence. Respondent shall maintain a current and renewed California physician's and
16 surgeon's license.

17 Respondent shall immediately inform the Board, or its designee, in writing, of
18 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,
19 more than 30 calendar days.

20 8. INTERVIEW WITH THE BOARD, OR ITS DESIGNEE Respondent
21 shall be available in person for interviews either at respondent's place of business or at the
22 probation unit office, with the Board or its designee, upon request at various intervals, and either
23 with or without prior notice throughout the term of probation.

24 9. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent
25 should leave the State of California to reside or to practice, respondent shall notify the Board or
26 its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice
27 is defined as any period of time exceeding 30 calendar days in which respondent is not engaging
28 in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

1 All time spent in an intensive training program outside the State of California
2 which has been approved by the Board or its designee shall be considered as time spent in the
3 practice of medicine within the State. A Board-ordered suspension of practice shall not be
4 considered as a period of non-practice. Periods of temporary or permanent residence or practice
5 outside California will not apply to the reduction of the probationary term. Periods of temporary
6 or permanent residence or practice outside California will relieve respondent of the responsibility
7 to comply with the probationary terms and conditions with the exception of this condition and
8 the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance..

9 Respondent's license shall be automatically canceled if respondent's periods of
10 temporary or permanent residence or practice outside California total two years. However,
11 respondent's license shall not be canceled as long as respondent is residing and practicing
12 medicine in another state of the United States and is on active probation with the medical
13 licensing authority of that state, in which case the two year period shall begin on the date
14 probation is completed or terminated in that state.

15 10. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

16 In the event respondent resides in the State of California and for any reason
17 respondent stops practicing medicine in California, respondent shall notify the Board or its
18 designee in writing within 30 calendar days prior to the dates of non-practice and return to
19 practice. Any period of non-practice within California, as defined in this condition, will not
20 apply to the reduction of the probationary term and does not relieve respondent of the
21 responsibility to comply with the terms and conditions of probation. Non-practice is defined as
22 any period of time exceeding 30 calendar days in which respondent is not engaging in any
23 activities defined in sections 2051 and 2052 of the Business and Professions Code.

24 All time spent in an intensive training program which has been approved by the
25 Board or its designee shall be considered time spent in the practice of medicine. For purposes of
26 this condition, non-practice due to a Board-ordered suspension or in compliance with any other
27 condition of probation, shall not be considered a period of non-practice.

28 Respondent's license shall be automatically canceled if respondent resides in

1 California and for a total of two years, fails to engage in California in any of the activities
2 described in Business and Professions Code sections 2051 and 2052.

3 11. VIOLATION OF PROBATION Failure to fully comply with any term or
4 condition of probation is a violation of probation. If respondent violates probation in any respect,
5 the Board, after giving respondent notice and the opportunity to be heard, may revoke probation
6 and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke
7 Probation, or an Interim Suspension Order is filed against respondent during probation, the Board
8 shall have continuing jurisdiction until the matter is final, and the period of probation shall be
9 extended until the matter is final.

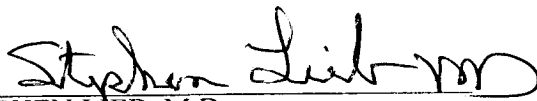
10 12. LICENSE SURRENDER Following the effective date of this Decision, if
11 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
12 the terms and conditions of probation, respondent may request the voluntary surrender of
13 respondent's license. The Board reserves the right to evaluate respondent's request and to
14 exercise its discretion whether or not to grant the request, or to take any other action deemed
15 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
16 respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the
17 Board or its designee and respondent shall no longer practice medicine. Respondent will no
18 longer be subject to the terms and conditions of probation and the surrender of respondent's
19 license shall be deemed disciplinary action. If respondent re-applies for a medical license, the
20 application shall be treated as a petition for reinstatement of a revoked certificate.

21 13. PROBATION MONITORING COSTS Respondent shall pay the costs
22 associated with probation monitoring each and every year of probation, as designated by the
23 Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical
24 Board of California and delivered to the Board or its designee no later than January 31 of each
25 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of
26 probation.

1 ACCEPTANCE


2 I have carefully read the above Stipulated Settlement and Disciplinary Order and
3 have fully discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and
4 the effect it will have on my Physician and Surgeon's Certificate. I enter into this Stipulated
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
6 bound by the Decision and Order of the Medical Board of California.

7 DATED: 10-30-08.

8 
9 STEPHEN LIEB, M.D.
10 Respondent

11
12
13 I have read and fully discussed with Respondent Stephen Lieb, M.D. the terms
14 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
15 Order. I approve its form and content.

16 DATED: 11/7/08.

17 
18 PETER R. OSINOFF, ESQ.
19 Attorney for Respondent

20
21
22
23
24 ENDORSEMENT

25 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
26 submitted for consideration by the Medical Board of California of the Department of Consumer

27 ////

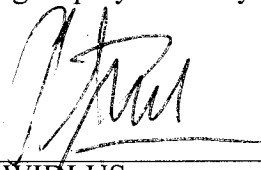
28 ////

1 Affairs.

2 DATED: 10/31/08

3 EDMUND G. BROWN JR., Attorney General
4 of the State of California

5 PAUL C. AMENT
6 Supervising Deputy Attorney General

7 
8 for WENDY WIDLUS
9 Deputy Attorney General
10 Attorneys for Complainant

11 DOJ Matter ID: LA2006501934
12 50330000.wpd

Exhibit A

Accusation No. 17-2004-163060

G. EDMUND BROWN JR.
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 17-2004-163060

STEPHEN LIEB, M.D.
1304 15th Street, #310
Santa Monica, CA 90404

ACCUSATION

Physician and Surgeon's Certificate No. AFE31504
Respondent.

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California.
2. On September 1, 1977, the Medical Board of California issued Physician and Surgeon's Certificate Number A31504 to Stephen Lieb, M.D. (Respondent). Respondent's Physician and Surgeon's Certificate, now numbered AFE31504, was placed into retired status pursuant to Business and Professions code section 2439, effective June 21, 2007, and was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2009 unless renewed..

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JURISDICTION

3. This Accusation is brought before the Division of Medical Quality, Medical Board of California, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

5. Section 2234 of the Code states:

The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care,

1 each departure constitutes a separate and distinct breach of the
2 standard of care.

3 (d) Incompetence.

4 (e) The commission of any act involving dishonesty or corruption which
5 is substantially related to the qualifications, functions, or duties of a physician and
6 surgeon.

7 (f) Any action or conduct which would have warranted the denial of a
8 certificate.

9 6. Section 2266 of the Code states: "The failure of a physician and surgeon to
10 maintain adequate and accurate records relating to the provision of services to their patients
11 constitutes unprofessional conduct."

12 FIRST CAUSE FOR DISCIPLINE

13 (Repeated Negligent Acts)

14 7. Respondent is subject to disciplinary action under section 2234,
15 subdivision (c), of the Code in that he committed repeated acts of negligence in the care and
16 treatment of patient M.B.¹ The circumstances are as follows:

17 8. On or about June 14, 2002, patient M.B., a 54 year old female, came under
18 Respondent's care and treatment at respondent's medical offices in Santa Monica, California.
19 Patient M.B. reported that she had irregular menstrual periods, sometimes lasting two weeks.
20 Her last period had been two weeks previously, and she was still bleeding. She also complained
21 of occasional "flushes." Respondent's record stated that patient M.B.'s last PAP smear was two
22 years earlier and that her last mammogram was one year previous.

23 9. A transvaginal ultrasound was performed, demonstrating a cyst on the left
24 ovary and an enlarged uterus with a hyperechoic area of 20 x 23.4 millimeters,² an indication that
25

26 1. The patient name is abbreviated to protect privacy.

27 2. The endometrial echo measurement is important in evaluating the health of the
28 endometrium and normally measures less than 5 mm. A hyperechoic area indicates an area of
increased density.

1 there was more tissue material within the limit of the uterus than there should be for patient M.B.
2 The endometrium was difficult to see.

3 10. Respondent's impression was perimenopausal bleeding, rule out myoma
4 (uterine muscle tumor) or adenomyoma (uterine wall cystic abnormality), and a functional cyst.
5 Respondent's plan was to treat patient M.B.'s irregular uterine bleeding with a trial of birth
6 control pills. For this purpose, he gave her a three-month supply of Alesse. A mammogram was
7 advised, and patient M.B. was to return for a PAP test and a repeat ultrasound (to evaluate the
8 cyst on the left ovary) in one month. Despite patient M.B.'s history of abnormal bleeding and the
9 failure to clearly evaluate the endometrium via ultrasound, Respondent failed to inform patient
10 M.B. of the possibility of malignancy or to perform an endometrial biopsy.

11 11. On July 1, 2002, patient M.B. reported to Respondent via telephone that
12 she was on her second week of Alesse, but that she had experienced continued bleeding for 13
13 days. Respondent told patient M.B. to discontinue the Alesse and start Megace³, 40 mg., twice a
14 day, for two weeks and to telephone if the bleeding did not decrease. Endometrial biopsy was
15 not considered.

16 12. On July 9, 2002, patient M.B. was again seen by Respondent. She stated
17 that she had not switched to Megace, but had continued with Alesse with a reported decrease in
18 bleeding. An ultrasound was performed and the endometrial echo, or thickness, was measured at
19 5.9 mm. The left ovarian cyst was described as resolved. Respondent's plan was to continue
20 with the hormonal therapy. Patient M.B. was advised that a saline sonohysterogram, a test which
21 is not capable of establishing a diagnosis of malignancy, would be required if the bleeding
22 persisted or increased. Patient M.B. was again referred for a mammogram and told to return for a
23 PAP test when she was no longer experiencing the irregular bleeding. Respondent again failed to
24 evaluate the endometrium by performing an endometrial biopsy.

25 13. Patient M.B. was not seen again by respondent until December 17, 2002.

27 3. Megace® is similar to the natural female hormone called progesterone. Megace tablets
28 are used, among other things, for treating breast cancer and endometrial cancer.

1 Patient M.B. then reported that she had discontinued the birth control pills two weeks prior to her
2 visit and was feeling "fine." Respondent described the uterus as irregular and multiparous⁴ on
3 examination. On this occasion, Respondent did perform a PAP test, and the result was reported
4 as negative. Patient M.B. was advised to discontinue the birth control pills, monitor her
5 menopausal symptoms, and return in 12 months. The notes do not reveal that a mammogram
6 was previously obtained, and mammography was again advised.

7 14. On September 25, 2003, patient M.B. returned to Respondent with
8 complaints of spotting since August 2003 and a history of having her "period" almost every
9 month since January or February 2003. Ultrasound showed an endometrial echo of 8.7
10 millimeters. A saline sonohysterogram was performed and revealed a 32.6 x 10.9 millimeter
11 mass, which Respondent described as a possible polyp. Respondent's chart states that he
12 discussed the possibility of endometrial hyperplasia,⁵ a polyp, or cancer with patient M.B.
13 Patient M.B. was referred to another physician for hysteroscopic surgery.

14 15. On October 21, 2003, patient M.B. underwent hysteroscopic/rectoscopic
15 surgery and dilation and curettage. Multiple pieces of tissue were removed. Pathology results
16 showed a high grade malignant neoplasm consistent with mixed mullerian tumor
17 (carcinosarcoma).

18 16. On November 4, 2003, patient M.B. requested a copy of her chart from
19 Respondent. At that time, Respondent was unable to find the chart. He wrote portions of patient
20 M.B.'s medical record from his memory to provide to patient M.B. Respondent did not indicate
21 on the reconstructed chart notes the fact that the notes were not patient M.B.'s actual record or
22 that the notes were written by Respondent at a later date.

23 17. On or about November 11, 2003, patient M.B. underwent surgery
24

25 4. Multiparous indicates a woman has had more than one baby. University of California
26 Los Angeles records indicated that patient M.B. was nulliparous (had not had children) and had
undergone a therapeutic abortion in 1970.

27 5. Endometrial hyperplasia is a condition that occurs when the lining of the uterus
28 (endometrium) grows too much.

1 performed by another physician consisting of an abdominal hysterectomy and other procedures.
2 Pathology results indicated a diagnosis of undifferentiated small cell carcinoma, rather than the
3 mullerian carcinosarcoma that was reported after the hysteroscopic resection procedure.

4 18. Patient M.B.'s condition deteriorated and she died on January 26, 2004.

5 19. Respondent engaged in repeated negligent acts in the care and treatment of
6 patient M.B. by the following:

7 A. Respondent failed to perform an endometrial biopsy at the time of
8 his initial examination of patient M.B.;

9 B. Respondent failed to perform an endometrial biopsy after the failure of
10 birth control therapy to control patient M.B.'s bleeding problem.

11 C. Respondent failed to evaluate the patient's endometrium by endometrial
12 biopsy on subsequent examinations;

13 D. Respondent delayed performing a PAP test for six months on patient M.B.,
14 who had a history of abnormal bleeding;

15 E. Respondent performed a saline sonohysterogram without first evaluating
16 the endometrium and ruling out possible carcinoma by endometrial biopsy;

17 F. Respondent failed to schedule, and ascertain the results of, a
18 mammogram, or to document noncompliance if patient M.B. refused a
19 mammogram.

20 G. Respondent created a copy of part of his chart from memory and provided
21 it to M.B.'s husband without any notation that the copy was not patient M.B.'s actual
22 chart or that it had been created at a later date.

23 SECOND CAUSE FOR DISCIPLINE

24 (Gross Negligence)

25 20. Respondent is subject to disciplinary action under section 2235,
26 subdivision (b), of the Code in that he committed gross negligence in the care and treatment of
27 patient M.B. The circumstances are as follows:

28 21. Paragraphs 7 through 18 above are incorporated herein as if fully set forth.

1 22. During his treatment of patient M.B., Respondent failed to evaluate patient
2 M.B.'s endometrium by endometrial biopsy.

3 THIRD CAUSE FOR DISCIPLINE

4 (Incompetence)

5 23. Respondent is subject to disciplinary action under section 2234, subsection
6 (d), of the Code in that he exhibited incompetence in the care and treatment of patient M.B. from
7 June 2002 through November 2003. The circumstances are as follows:

8 24. Paragraphs 7 through 19 above are incorporated herein as if fully set forth.

9 FOURTH CAUSE FOR DISCIPLINE

10 (Failure to Maintain Adequate/Accurate Records)

11 25. Respondent is subject to disciplinary action under section 2266 of the
12 Code in that he failed to maintain adequate and accurate records relating to the provision of
13 services to his patient. The circumstances set forth in paragraphs 16 and 19 (G) above are
14 incorporated herein as if fully set forth.

15 FIFTH CAUSE FOR DISCIPLINE

16 (Dishonest Conduct)

17 25. Respondent is subject to disciplinary action under section 2234,
18 subdivision (e), of the Code in that he engaged in acts involving dishonesty. The circumstances
19 set forth in paragraphs 16 and 19 (G) above are incorporated herein as if fully set forth.

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1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein
3 alleged and that, following the hearing, the Administrative Law Judge issue a decision:


4 1. Revoking or suspending Physician's and Surgeon's Certificate Number
5 AFE31504, issued to Stephen Lieb, M.D.

6 2. Revoking, suspending or denying approval of Stephen Lieb's authority to
7 supervise physician's assistants, pursuant to section 3527 of the Code;

8 3. Ordering Stephen Lieb, M.D., if placed on probation, to pay the costs of
9 probation monitoring;

10 4. Taking such other and further action as deemed necessary and proper.

11 DATED: November 27, 2007

12 
13 BARBARA JOHNSTON
14 Executive Director
15 Medical Board of California
16 State of California
17 Complainant

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